protein; this made possible direct electrophoresis of solutions containing only 1 mg. of protein per 100 ml. Dr. H. B. SALT (Birmingham) described the abnormality of β-lipoprotein found in idiopathic infantile hypercalcaemia. This was closely related to the activity of the disease process and had not been found in the hypercalcaemia of vitamin D overdosage or of hyperparathyroidism. Dr. L. ELDJARN (Norway) had studied the interactions between thiol and disulphide compounds *in vitro*. The equilibrium constants strongly favoured the formation, where possible, of mixed disulphides. This suggested new approaches to the study and possible treatment of cystinuria and cystinosis in the human.

Dr. E. C. WHITEHEAD (U.S.A.) described and demonstrated a machine for automatically analysing various constituents of blood. The blood samples were fed one after another into a dialyser, the reagents being continuously mixed, reacted, and read colorimetrically in the dialysate. The whole procedure worked by itself once started. Promising results had been obtained for blood urea nitrogen, glucose, and calcium, and the method was expected to have considerable further applications. Dr. J. HARKNESS (Taunton) demonstrated a compact tray for ward urine examinations. By using modern simplified tablet methods and following a simple sheet of instructions nurses could cover a good range of routine tests satisfactorily.

A supplement to Volume 9 of the *Scandinavian Journal of Clinical and Laboratory Investigation* will contain full reports of the lectures by the invited speakers and abstracts of the short communications. The Congress membership was nearly six hundred and was drawn from all over the world, the large, and for many reasons conspicuous, delegation from the U.S.S.R. being especially welcomed. Our Swedish hosts excelled themselves.

REPORT OF THE DEPARTMENTAL COMMITTEE ON HOMOSEXUAL OFFENCES AND PROSTITUTION

The Wolfenden Committee* was appointed in August, 1954, charged with looking into "the law and practice relating to homosexual offences and the treatment of persons convicted of such offences by the courts; and the law and practice relating to offences against the criminal law in connexion with prostitution and solicitation for immoral purposes." The committee reported to the Secretaries of State for the Home Department and for Scotland on August 12, 1957, and its report was published last week.†

The committee's legal recommendations have been given wide publicity in the lay press, particularly the first and most revolutionary, "that homosexual behaviour between consenting adults in private be no longer a criminal offence," and they will not be recapitulated further here. Rather attention will be focused on the more specifically medical aspects of the report. On prostitution, the committee deliberately avoided any detailed aetiological survey as being beyond its terms of reference, though it records its impression that the great majority of prostitutes are "women whose psychological make-up is such that they choose this life because they find in it a style of living which is to them easier, freer, and more profitable than would be provided by any other occupation"; economic pressure, bad upbringing, seduction at an early age, or a broken marriage are discounted as being more precipitating than determining factors. Apart from noting the fallacy of imagining that the control of prostitutes in licensed brothels implies some medical safeguard, and recommending research on aetiology if case-material permits, the committee has little of direct medical concern to say in this part of its report. On homosexuality, however, the committee was asked to study treatment as well as the law and its application, and this led necessarily to consideration of aetiology and prognosis as well as other cognate matters such as the adequacy of the prison medical service.

Nature of Homosexuality

The committee first clears the ground by distinguishing "homosexual offences" from "homosexuality," the state or condition which "as such does not, and cannot, come within the purview of the criminal law." It then mentions but rejects the view that a homosexual propensity is an "all or none" condition: "all gradations can exist." The committee accepts the reality of the Kinsey homosexual–heterosexual continuum, with its important corollary that "homosexuals cannot reasonably be regarded as quite separate from the rest of mankind."

The question of whether homosexuality should be regarded as a disease is examined in some detail, because, if this were established, two important consequences would flow from it—namely, that homosexuals, as sick persons, would then be primarily a medical concern, and, secondly, their responsibility, in the legal sense, would be diminished. After reviewing the symptomatology; the biochemical, endocrinological, and genetic evidence for a physical pathology; causal factors ("To speak, as some do, of some single factor such as seduction in youth as the 'cause' of homosexuality is unrealistic unless other factors are taken into account"); and hypotheses that the condition is simply one of arrested development or a natural deviation, the committee concludes: "The evidence put before us has not established to our satisfaction the proposition that homosexuality is a disease." The committee stresses, however, the point made by medical witnesses that in some cases homosexual offences do occur as symptoms in the course of recognized mental or physical illness—for example, senile dementia. No prima facie grounds exist for supposing, says the committee, that homosexual urges are of their nature less controllable than heterosexual urges, though in the individual case the advice of an expert on factors that may modify responsibility or increase the likelihood of relapse may, as with the heterosexual offender, be most relevant and helpful.

Incidence in Britain

Contrary to the general belief, homosexuality is not peculiar to members of particular professions or classes, but exists "among all callings and at all levels of society." Its incidence, however, the committee found impossible to determine accurately. Medical opinion suggested that Kinsey's figures (for adult white Americans) of 4% for lifelong homosexuals and 10% for those with at least a 3-year period of more or less exclusive homosexuality were probably "on the high side" for Britain. While thinking that the increase in the number of homosexual offences known to the police‡ cannot be explained entirely by greater police activity, the committee believes that homosexual behaviour constitutes only a very small amount of irregular sexual conduct. According to medical witnesses, male homosexuals form a very small fraction of a general practitioner's patients. The problem should be seen in proper perspective, the committee advises, "neither ignored nor given a disproportionate amount of public attention."

Patterns of Homosexual Behaviour

Before reaching its recommendation to legalize homosexual behaviour between consenting adults in private, the committee studied, among other things, the possibility of this leading to an increase in paedophilia. Expert witnesses, however, states the committee, were in no doubt whatever that

*The members of the committee were Sir John Wolfenden (*Chairman*), Mr. James Adair, Mrs. Mary G. Cohen, Dr. Desmond Curran, Canon V. A. Demant, Mr. Justice Diplock, Sir Hugh Linstead, M.P., the Marquess of Lothian, Mrs. Kathleen Lovibond, J.P., Mr. Victor Mishcon, Mr. Goronwy Rees (resigned, April, 1956), the Rev. R. F. V. Scott (resigned March, 1956), Lady Stopford, Mr. William T. Wells, Q.C., M.P., Dr. Joseph Whitby. *Secretary:* Mr. W. C. Roberts (Home Office); *assistant secretary:* Mr. E. J. Freeman (Scottish Home Department).

†Cmd. 247, 1957. H.M.S.O., price 5s. net.

‡In England and Wales, 622 in 1931, and 6,644 in 1955.

paedophiliacs are recognizably distinct from other types of homosexuals, and that homosexuals accustomed to adult partners seldom turn to boys. The committee therefore discounts this consequence of its proposal. In choosing 21 as the age at which a person should be regarded as adult, the committee was guided by four considerations: the need to protect the young and immature; the age at which the pattern of a man's sexual development can be said to be fixed; the age at which a person should be held responsible for his actions; and the consequences of selecting any particular age.

One of the committee's recommendations is that buggery should be reclassified as a misdemeanour. At present buggery is a felony, carrying a liability to life imprisonment; it is singled out for more severe punishment than other forms of homosexual behaviour even when committed in similar circumstances. The committee accepts medical and prison evidence as suggesting that the nature of the deed has no special clinical or penological significance, and that most practising homosexuals indulge at some time in all types of homosexual behaviour; and further that the physical, emotional, or moral harm to a victim of homosexual attention depends more on the surrounding circumstances than on the nature of the act. In spite of this, the committee (with four members dissenting) believes there is some case for retaining buggery as a separate offence. The committee does, however, recommend its reclassification as a misdemeanour. The reason for this is to protect the doctor–patient relationship, for in English law a person who fails to disclose a felony known to him himself commits a criminal offence—misprision of felony. There should be no bar, the committee holds, tending to discourage homosexuals from seeking medical advice.

Medical Treatment in Prison

After reviewing the possible alternatives to prison open to the courts in dealing with homosexual offenders, and noting the difficulty in choosing the most appropriate for a particular case, the committee strongly criticizes a practice of some courts in delivering sentence. It appears that the offender is sometimes told from the bench that he will receive medical treatment for his condition, or even that he is being sent to prison for this purpose. "We are strongly of the opinion that such statements ought not to be made," states the committee. If such treatment does not materialize—and only a very small proportion of these offenders receive it—the prisoner is likely to be left with an unwholesome sense of grievance. Nor, says the committee, in a case with a hopeful prognosis, should the duration of sentence be fixed by reference to any estimate of the time which treatment is likely to take.

One factor that naturally limits the possibilities of treatment in prison, apart from clinical prognosis, is the strength of the prison service. On this the committee says: "The prison medical service is understaffed and incompletely integrated with the National Health Service." While testifying to the valuable and devoted work done by members of the prison medical service, the committee notes particularly the shortage of psychiatrists and recommends a two-way flow of them between the prison medical service and the regional boards. The committee also recommends an urgent review of the "organization, establishment, and conditions of service" of the prison medical service.

The committee is content to leave to the court's discretion the question of medical reports on homosexual offenders of 21 or over, but for those under 21 the committee recommends that before sentence a psychiatric report should be obligatory.

Therapeutic Measures

Treatment is looked at in its broadest context. While it is concluded that total reorientation from complete homosexuality to complete heterosexuality is "very unlikely indeed," the committee recognizes the success that may be achieved in giving a better adjustment to life and in reducing the intensity of the homosexual impulse.

There are many obstacles to successful psychotherapy. Many homosexual offenders are either unwilling to cooperate or of too low intelligence. Out of 1,065 such prisoners in 1955 only 15% were rated by prison medical officers as suitable for psychotherapy, and ultimately only 6% were accepted for treatment at the psychiatric units at Wakefield and Wormwood Scrubs. The therapeutic roles of probation and of prison itself are discussed, and evidence is adduced to support a more extensive use of probation with medical treatment as a condition. Although a prison sentence can, in many cases, states the committee, detrimentally affect any prospect of successful treatment, to some men it acts as a salutary shock and for others it is necessary for the protection of the public. The committee is against the establishment of a special institution, part prison and part mental hospital, as a solution for offenders who are dullards but not certifiable under the present laws.

Oestrogens, in some homosexuals, will reduce the strength of the sexual urge although not altering its direction. But in prisons in England and Wales (not, apparently, in Scotland) their use is forbidden even if requested by the prisoner. The committee therefore recommends that if a prisoner wishes to have oestrogen treatment, and the prison medical officer agrees it might help, this treatment should be allowed. On the other hand the committee is against castration.

This part of the report is supplemented by a note written by two medical members of the committee, Dr. Curran and Dr. Whitby. The note describes in more detail the clinical varieties of homosexuality and their treatment, and aims to redress what its authors consider an "appearance of unjustified pessimism" about prognosis.

Medical Witnesses

Among the professional bodies which gave written and oral evidence before the Wolfenden Committee were the B.M.A.,* the Institute of Psychiatry, the Institute of Psycho-Analysis, the British Psychological Society, the Institute for the Study and Treatment of Delinquency, the Royal Medico-Psychological Association, the Tavistock Clinic, and the Davidson Clinic, Edinburgh. The Royal College of Physicians submitted a written memorandum.

A memorandum on the organization of Scottish cancer services, recently circulated to regional boards by the Department of Health, advises the establishment of regional cancer committees. Their purpose would be "to ensure, throughout Scotland, the promotion of early diagnosis and the efficient treatment and aftercare of patients," according to a press statement from St. Andrew's House. The memorandum was prepared by the Scottish Health Services Council's standing committee on cancer, whose chairman is Professor J. S. YOUNG, Regius professor of pathology at Aberdeen. It is important, states the memorandum, that cancer should not be regarded as a specialty in itself and that special cancer hospitals should not be established. Cancer clinics should be set up at suitable local hospitals to obviate lengthy and sometimes unnecessary journeys by patients to major centres, and also to make effective follow-up examination easier. In the main centres also there should be, as at present, a headquarters hospital or hospital group where surgery for every form of cancer is available and where radiotherapy of all types is provided. This would extend in the two largest regions to the most complicated and expensive apparatus. "For the most specialized treatment—whether by surgery, radiotherapy, or other means—patients from any part of Scotland should be transferred to the appropriate hospital." On research, the memorandum recommends that close relations should be established with research departments and the appropriate university departments.

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*Those giving evidence on behalf of the B.M.A. were Dr. Dennis Carroll, Dr. T. C. N. Gibbens, Dr. Ronald Gibson, Dr. Ambrose King, Dr. Doris Odlum, Dr. Leonard Simpson, and Dr. E. E. Claxton (*Assistant Secretary*).